

Blacksburg Rescue Squad

200 PROGRESS STREET, N.E. – BLACKSBURG, VIRGINIA 24060
(540) 961 – 1189 FAX (540) 951 – 9060
EMERGENCY DIAL 911

Blacksburg Volunteer Rescue Squad is continually searching for enthusiastic and compassionate individuals for membership on our crew. If you have a desire to help people and a dedication to serving your community, we invite you to submit an application. Our squad accepts trained and untrained people for membership.

Please read the following in order to familiarize yourself with our procedures and requirements:

Upon receipt of references, review of the completed application, and interview with the Membership Committee, the applicant will be brought before the crew for consideration. The crew will vote to extend a six-month probationary period to the applicant. This temporary membership allows you to learn about the policies and procedures of the crew, and to demonstrate your competency and skills as an EMS provider. Any untrained person will be enrolled in the next available CPR and EMT-B course to obtain certifications.

Each active member is required to maintain skills and certifications, meet a minimum of 5% call quota (approximately 8-10 calls) each month, and attend monthly business and training meetings, held the first and third Tuesday respectively. There are no specific manned crews for daytime calls, between 6:00 a.m. and 11:00 p.m. **Full Membership** is available to those individuals who are year-round Blacksburg residents. The individual will be assigned a night duty group in which he or she is responsible for responding to calls between 11:00 p.m. and 6:00 a.m. each of the duty nights (currently every 9th to 10th night). This membership allows voting privileges after the required probationary period is completed.

Associate Membership is reserved for those individuals who are available to run rescue calls, but are unable to fulfill year round obligations, or live outside of the Squad's coverage area. This member has the same rights and privileges as Full Membership except voting rights and holding elected offices. The individual may request placement on a night duty group.

- Any untrained (non-EMT) applicants must give a two (2) year commitment to the Squad.
- Any trained (EMT or above) applicant must give a one (1) year commitment to the Squad.
- Please complete the application fully and return it to the station secretary.
We must have **your local address and telephone number.** If you use a post office box, **you must provide your local street address.**
- References: You must provide **full name and complete mailing address including zip code** for four (4) **personal references.** A home address is preferable. You must provide a telephone number.
- The **Authorization for Driver's License Check** form **must be signed**, and **you must have a valid driver's license.** (A Commonwealth of Virginia license is required to drive Department vehicles.)
- The authorization for criminal background check form must be signed.
- Attach copies of **ALL CERTIFICATIONS.**
- When an opening in the Blacksburg Volunteer Rescue Squad occurs, applications on file will be evaluated. **If your application is selected, you will be contacted to arrange an interview.**
- If you have not been contacted within six months, and you are still interested in becoming a member, you will need to complete another application.

If you have any further questions, please contact the Department Secretary. Thank you for your interest.

BLACKSBURG VOLUNTEER RESCUE SQUAD
APPLICATION FOR MEMBERSHIP

Check Membership Choice:

____ General Membership

____ Associate Membership

____ Junior Membership

FULL NAME : _____
(Last) (First) (Middle)

Prefer to be called: _____ DATE OF BIRTH: ____ / ____ / ____ (needed for license check)

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER _____ STATE: _____

ADDRESS: _____

PHONE NUMBER: _____

Are you a year-round resident of Blacksburg? _____

How long do you plan to reside here? _____

How many miles do you live from the Progress Street Station? _____

TRAINING

CERTIFIED EMERGENCY MEDICAL TECHNICIAN: YES _____ NO _____

EMT # _____ COMPLETED: ____ / ____ EXPIRATION: ____ / ____ STATE: _____

COURSE LOCATION: _____

OTHER MEDICAL TRAINING: _____

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE OR RESCUE CREW?

YES _____ NO _____ CURRENTLY? YES _____ NO _____

DEPARTMENT & MAILING ADDRESS: _____

PLACE OF EMPLOYMENT:

ADDRESS:

PHONE NUMBER: _____

NORMAL WORKING HOURS: _____

Would your employer object to you answering emergency calls during working hours?

YES _____ NO _____ If YES, Explain

EDUCATION

HIGH SCHOOL & ADDRESS: _____

GRADUATED: YES _____ NO _____ DATE OF GRADUATION: ____/____

COLLEGE/UNIVERSITY & ADDRESS: _____

YEARS COMPLETED: 1 2 3 4 GRADUATED: _____ DATE ____/____

COLLEGE MAJOR: _____

OTHER EDUCATION: _____

MILITARY SERVICE: YES _____ NO _____ BRANCH: _____

RANK _____ DATE DISCHARGED ____/____

DO YOU HAVE ANY MEDICAL DISABILITIES THAT WOULD INTERFERE WITH YOUR
ABILITY TO PERFORM YOUR DUTIES AS A MEMBER OF THIS SQUAD?

YES _____ NO _____ If YES, Explain:

REFERENCES

PLEASE NOTE: ANY REFERENCES WITHOUT COMPLETE MAILING ADDRESS WILL NOT BE SENT OUT. REFERENCES CANNOT BE RELATIVES OR MEMBERS OF BLACKSBURG FIRE OR RESCUE DEPTS.

1. NAME, ADDRESS, and PHONE NUMBER:

2. NAME, ADDRESS and PHONE NUMBER:

3. NAME, ADDRESS and PHONE NUMBER:

4. NAME, ADDRESS and PHONE NUMBER:

ADDITIONAL INFORMATION OR REMARKS: (additional information may be attached)

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE _____

DATE: _____

CRIMINAL RECORD ACKNOWLEDGMENT
Please **Read Carefully**.

The following is taken from the BLS Procedures and Guidelines and the Rules and Regulations Governing the Office of EMS. They deal with eligibility of applicants for EMS certification.

Personnel Qualifications: EMS Personnel shall be required to meet and maintain the following qualifications:

Have never been convicted of a felony involving any sexual crime.

Not to be convicted of any other act which is a felony under the laws of this State or of the United States, except that such felon is eligible for certification if within (5) years after the date of final release, no additional felonies have been committed.

Please read the following statement and sign and date the form in the appropriate locations.
Falsification of this information may be considered sufficient cause for rejection.

I affirm that I have never been convicted of a felony involving any sexual crime. I further affirm that I have not been convicted of any other felony under the laws of this State or of the United States within the last five (5) years. I understand that by signing this form, I authorize Blacksburg Volunteer Rescue Squad to obtain my Criminal or any other Background information.

Signed: _____ Date: _____

Print Name: _____

**Authorization for Driving Record Check with the Division of Motor Vehicles
for the Town of Blacksburg**

I authorize the Town of Blacksburg to obtain a DMV printout of my driving record when requested by Town of Blacksburg personnel staff or my supervisor to be used solely for purposes of my obtaining employment with the Town, or voluntary membership in the Blacksburg Volunteer Fire Department or Blacksburg Volunteer Rescue Squad, or to check on the annual status of my driving record as it pertains to my employment or membership with the Fire Department or Rescue Squad. This authorization will be valid for the entire length of my employment or membership.

Name: _____
Please Print

Department: Rescue Squad

Position held with the Town: Volunteer

Birth Date: Month _____ Day _____ Year _____

Driver's License Number: _____

State of Issue: _____

Signature

Date